

# WATCHUNG RECREATION'S



**EARLY REGISTRATION  
NOW OPEN**

**FOR WATCHUNG RESIDENTS**

**(OPEN TO WARREN, GREEN BROOK & LONG HILL Starting June 7th)**

**PROGRAM WILL BE HELD @**

**ROUND TOP SWIM & TENNIS CLUB**

**106 MT. HOREB ROAD, WARREN**

**6 WEEK PROGRAM STARTS TUESDAY**

**7/6/21 thru 8/13/21**

**FULL DAYS RAIN OR SHINE!**

**NO BEFORE & AFTERCARE WILL BE AVAILABLE THIS YEAR DUE TO COVID!**

**SPACE WILL BE LIMITED TO 24 STUDENTS PER WEEK**

**Open for ages 6 – 13yrs.**



# WATCHUNG BOROUGH SUMMER CAMP REGISTRATION

<b>PRINT Name of Child:</b> _____			
Grade: _____		Age: _____	Home Phone: _____
<b>PRINT Parent/Legal Guardian Name:</b> _____			
Cell Phone: _____		Work Phone: _____	Email Address: _____
Address: _____		City: _____	State: _____ Zip: _____
Emergency Contact: _____		Home Phone: _____	Cell Phone: _____
Medical/Physical Limitations or Conditions: _____			
<b>PICK UP PERMISSION</b> (The following persons have my permission to pick up my child)			
Name: _____		Address: _____ Cell Phone: _____	
Name: _____		Address: _____ Cell Phone: _____	
<b>Parent/Guardian Signature:</b> _____		<b>Date:</b> _____	

<b>PLEASE CHECK THE BOX FOR EACH WEEK REGISTERING</b>		<b>ROUND TOP MEMBER</b> [    ] (CHECK HERE)
<u>WEEKS</u>	<u>WEEKS</u>	
<b>Wk 1</b> - 7/06/21 – 7/09/21 [    ]	<b>Wk 4</b> - 7/26/21 -7/30/21 [    ]	
<b>Wk 2</b> - 7/12/21 - 7/16/21 [    ]	<b>Wk 5</b> - 8/02/21- 8/06/21 [    ]	
<b>Wk 3</b> - 7/19/21 – 7/23/21 [    ]	<b>Wk 6</b> - 8/09/21 - 8/13/21 [    ]	

<b>ACKNOWLEDGEMENT OF RISK – WAIVER &amp; RELEASE OF ALL CLAIMS AND SWIMMING POOL PERMISSION</b>	
<p>I certify that my child's current physical condition is satisfactory for participating in the Summer Camp Program. I recognize and acknowledge that there are certain risks of physical injury in any recreational program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in the Summer Camp Program. I understand that insurance will not be provided by or through Watchung Borough for my child. "Participation in these activities is at the Watchung Borough Recreation Commission's sole and absolute approval and the Commission reserves the right to reject any individual from the said participation at its sole and absolute discretion."</p> <p>I agree to (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the Borough of Watchung, and its boards, committees, officers, agents and employees, including but not limited to its officers, agents and employees from any and all claims from injuries, damage or loss which may have accrued or which accrue to my child or me on account of my child's participation in the Summer Camp Program other than injuries, damage or loss resulting from negligence or willful misconduct.</p>	
<b>Parent/Guardian Signature</b> _____	<b>Date</b> _____

## SEND REGISTRATION FORMS AND PAYMENTS TO:

WATCHUNG BOROUGH, 15 MOUNTAIN BLVD., WATCHUNG, NJ 07069

Attn: LINDA MONETTI, RECREATION COORDINATOR

For Questions Call (908)756-0080 EXT. 210 OR Email: [lmonetti@watchungnj.gov](mailto:lmonetti@watchungnj.gov)

## SEND IN THE FOLLOWING FORMS ONLY:

**REGISTRATION PAGE, PARENT RELEASE FORM, CODE OF CONDUCT, ANAPHYLAXIS IF NEEDED ONLY, & WAIVER**

# WATCHUNG RECREATION SUMMER CAMP

## PROGRAM INFORMATION

The Borough is running a 6 week program at: Round Top Swim & Tennis Club  
106 Mt. Horeb Road, Warren, NJ

The program will run from **7/06/21** thru **8/13/21** from **9:00 am** to **4:00 pm**, Monday – Friday

***Costs for the program are as follows:***

<b>1<sup>st</sup> Week of Camp (July 6<sup>th</sup> – 9<sup>th</sup>) No Camp JULY 5<sup>th</sup></b>	<b>\$200.00 (Cost Per Child/ Per Week)</b>
<b>Weeks 2 – 6 (July 12<sup>th</sup> – Aug. 13<sup>th</sup>)</b>	<b>\$250.00 (Cost Per Child/ Per Week)</b>
<b>Early Registration <u>POST MARKED By June 7th</u></b>	<b>\$25.00 (<u>Discount</u> Per Child/ Per Wk)</b>
<b>Round Top Member Discount</b>	<b>\$50.00 (<u>Discount</u> Per Child/ Per Wk.)</b>

**THE BOROUGH RESERVES THE RIGHT TO HOLD A NO-REFUND POLICY**

**The program will include all other costs!**

Activities Include; Swimming, Tennis, Corn Hole, Bocce Ball, Basketball, Volley Ball, Ping Pong, Knock Hockey, Tether Ball, Ladder Golf, Air Hockey, Group Games, Playground, Crafts, and other planned activities!

- Campers may be dropped off **not earlier** than **9:00am** and picked up **no later** than **4:00pm**
- Campers **MUST** bring lunch daily except for Wednesday's when lunch is provided from the snack shack. (Lunch and snacks can be purchased daily but Students will be responsible for their own money!)
- Campers must bring water or a beverage daily in a labeled non-deposable container
- Unfortunately due to COVID no Trips will be provided this year.
- All campers must wear sneakers, shorts or pants and bring bathing suits, towels and sunscreen
- Bathing suits can be worn under clothes and sandals or water shoes can be worn by the pool only
- Children should bring rain gear, hats and/or waterproof jackets on rainy days. **No umbrellas please!**
- Children will be grouped by age or activity and supervised with a 6/1 student to staff ratio
- Parents must sign-in upon arrival and sign-out upon departure daily
- All camp forms and payments must be in order prior to your child's camp session
- Round Top members must supply a **copy of their membership card** (w/ payment) for the discount
- 2 large tents will be provided for shade, rain or shine as the drop off and pick up point.

This camp will be run with the utmost of safety in mind. Lifeguards will be on duty at all times during camp hours. Staff will be trained for CPR and First Aid. All parents/guardians will be required to supply Medical Treatment Authorization forms in the case of an emergency. COVID guidelines will be in place and the camp will be required to follow all protocols.

# WATCHUNG RECREATION SUMMER CAMP

## Parent Release Form

### Medical Treatment Authorization

I, \_\_\_\_\_ (parent or guardian) hereby authorize the treatment of my child \_\_\_\_\_ by a qualified and licensed medical doctor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the emergency contact.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

[ ☐ ] I certify that my child's immunizations are up to date. *If your child does not get immunizations please add a letter stating that you are exempt from getting immunizations.*

**Allergies, chronic illnesses, other medical conditions, prescription medications or special needs that medical personnel should be aware of. This information will be kept completely confidential. (use back of form if necessary)**

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Phone #** \_\_\_\_\_

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Round Top Swim Club Pool Permission** [ ☐ ] I **grant my child permission** to use the pool  
[ ☐ ] My child **can** swim [ ☐ ] My child **cannot** swim

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Custody Information**; If there has been a custody decision please list the name of the persons **NOT Permitted** to pick up the child. (Please provide documentation, which will be kept confidential)

\_\_\_\_\_  
(Please Print) Name of Person Not Permitted to Pick up my Child

## **Camper Code of Conduct**

The Borough of Watchung adopts this Camper Code of Conduct/Discipline Policy to establish standards, policies, and procedures for positive camper participation and development. Every Camper enrolled in the program shall observe all rules and regulations. Discipline will be imposed for infractions of those rules.

The Director will establish a process for the annual review and update of the Discipline/Code of Conduct Policy and Regulation and make recommendations to the Borough Council for amendments, if necessary. The Camper Discipline/Code of Conduct Policy and Regulation shall be disseminated annually to all campers and their parents/guardians. The parent or guardian and the camper shall sign the Code of Conduct and agree to be bound by its terms.

The Borough shall provide annual training on the Code of Conduct to all Camp Counsellors, which shall include training on the prevention, intervention, and remediation of student conduct that violates the Borough's Policy and Regulation. The Borough shall enforce the Code of Conduct's equitable application. Camper discipline and the Code of Conduct will be applied without regard to race; color; religion; ancestry; national origin; nationality; sex; gender; sexual orientation; gender identity or expression; marital, domestic-partnership, or civil union; mental, physical or sensory disability; or by any other distinguishing characteristic, in accordance with NJSA 10:5-1, et seq., as amended.

Conduct which shall constitute good cause for suspension or expulsion of a camper guilty of such conduct shall include, but not be limited to, any of the following:

- a. Continued and willful disobedience;
- b. Open defiance of the authority of any Camp Director, Counsellor, lifeguard, or person, having authority over the camper;
- c. Conduct of such character as to constitute a continuing danger to the physical well-being of other campers;
- d. Physical assault upon another camper;
- e. Taking, or attempting to take, personal property or money from another camper, or from his/her presence, by means of force or fear;
- f. Willfully causing, or attempting to cause, substantial damage to camp or Borough property;
- g. Participation in an unauthorized occupancy by any group of campers or others of any part of the camp or other building used by the camp, and failure to leave such facility promptly vacated after having been directed to do so by a Camp Counselor or other person then in charge of such building or facility;
- h. Knowing possession of any illegal substances or knowing consumption without legal authority of alcoholic beverages or controlled dangerous substances during camp hours, or being under the influence of intoxicating liquor or controlled dangerous substances while on camp premises; and
- i. Any behavior that constitutes harassment, intimidation, or bullying as specified in N.J.A.C. 6A:16-7.7, as amended and supplemented.
- j. Use of offensive or vulgar language.
- k. Improper use of equipment

Camp Counsellors and/or the Camp Director also have the right to impose a consequence on a Camper for conduct away from campgrounds that is consistent with the Borough's Code of Conduct. This authority shall be exercised only when it is reasonably necessary for the camper's physical or emotional safety, security, and well-being or for reasons relating to the safety, security, and well-being of other students, staff, or parks, playgrounds, or other campgrounds. This authority shall be exercised only when the conduct that is the subject of the proposed consequence materially and substantially interferes with the requirements of appropriate discipline in the operation of the camp. Camp Counsellors shall respond to harassment,

intimidation, or bullying that occurs off campgrounds, as necessary, to maintain proper order and protect all campers from inappropriate actions by other campers. Consequences and appropriate remedial action for a camper who commits one or more rule or directive infractions or acts of harassment, intimidation, or bullying may range from positive behavioral interventions up to and including suspension or expulsion from the camp.

Consequences for a student who commits a violation of these rules and/or an act of harassment, intimidation, or bullying shall be varied and graded according to the nature of the behavior, the developmental age of the student and the student's history of problem behaviors, and shall be consistent with this Policy. Remedial measures for one or more acts of harassment, intimidation, or bullying shall be designed to correct the problem behavior; prevent another occurrence of the problem; protect and provide support for the victim of the act; and take corrective action for documented systemic problems related to harassment, intimidation, or bullying and/or other disciplinary infractions.

The Borough may deny participation in activities, camp functions, or other privileges as disciplinary sanctions when designed to maintain the order and integrity of the camp environment. Any student to be disciplined shall be provided with basic due process procedures consisting of a notice of what the specific infraction(s) are, as well as an opportunity to be heard as to all such infraction(s). Camp Counsellors shall conduct thorough investigations to determine the facts in each case. Parents/Guardians shall be notified of all discipline imposed by Camp employees. A written report of discipline shall be submitted to the Administrator within 48 hours of its imposition.

Appeals of disciplinary matters shall be in writing and shall be made to the Borough Administrator within 5 calendar days of notice of discipline. Appeals shall include all relevant facts, circumstances and witness statements. Once filed, the Borough Administrator shall conduct an investigation and decide whether to uphold, reverse or modify the discipline imposed by the Camp Director and/or Camp Counsellors. The decision of the Administrator shall be final, binding and non-appealable.

We have read and agree to the foregoing:

Date:

Camper:\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_

# WATCHUNG RECREATION SUMMER CAMP

## EPINEPHRINE POLICY

**\*\*\* ONLY TO BE COMPLETED IF YOUR CHILD USES AN EpiPen \*\*\***

The administrative policy of the Watchung Borough Recreation Department requires the following from those participants that require the use of an epinephrine auto-injector to treat anaphylaxis:

- Written authorization (*form attached*) from the parent or guardian of the participant for the administration of an epinephrine auto-injector device.
- Written orders from the prescriber (physician) that the participant requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication.
- Written instructions from the manufacturer on the use and care of the specific epinephrine auto-injector prescribed for the participant.
- A signed statement (*form attached*) acknowledging the parent or guardian's understanding that if the specified procedures are followed, the Township of Watchung shall have no liability.
- Medication must be sent with the participant to the program each day that he/she attends. The medication must be packaged according to the manufacturer's instructions and labeled clearly with the participant's name.

Contact the Watchung Recreation Department at (908)756-0080 Ext. 210 with questions.

## AUTHORIZATION FORM ATTACHED

**Watchung Recreation Anaphylaxis Treatment Plan**  
**NEEDED ONLY IF APPLIES TO YOUR REGISTERED CHILD**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergic to: \_\_\_\_\_

**1. I authorize my child to self-administer epinephrine. (Please check all that apply)**

- ☐ I will provide my child and the camp with **TWO auto-injector epinephrine units**  
And/ or oral meds and all forms.
- ☐ My child will **"Self Carry"** the epinephrine & 1 dose of oral medication at all times.
- ☐ My child is capable and has been instructed by their physician in the proper method of self-administering the epinephrine and/ or antihistamines named above in accordance with NJ Law (N.J.S.A. 18A:40-12.3).

**YES**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

The camp has an Adult Delegate who can administer the Auto-injector Epinephrine during camp hours ONLY if needed.

**2. I **DO NOT** authorize my child to self-administer epinephrine. (Please check all that apply)**

- ☐ My child will **NOT self-carry** Auto-injector epinephrine or other medications.
- ☐ I will provide the camp with **at least TWO Auto-injector Epinephrine** and/ or oral medications and physician orders.

2. \_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

**3. My child has allergies, but is **NOT anaphylactic**.**

- ☐ Only Antihistamines and/or steroids will be provided with physicians orders.

3. \_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

**4. My child **DOES NOT** require medical treatment for allergies.**

4. \_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

I acknowledge that if the procedures specified in the "Training Standards for the Administration of Epinephrine via Auto-Injectors" are followed, the township shall not have any liability as a result of any injury arising from the administration of a pre-filled, auto- injector mechanism containing epinephrine to the child. The parents or guardians shall indemnify and hold harmless the township and its employees or agents against any claims arising out of the administration of a pre-filled, auto-injector mechanism containing epinephrine to the camper.

\_\_\_\_\_  
**Signature of Parent/ Guardian**

\_\_\_\_\_  
Print Name of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
Print Name of Parent/ Guardian

\_\_\_\_\_  
Date



## **2021 ACKNOWLEDGMENT AND WAIVER OF LIABILITY**

### **NOTICE AND INSTRUCTIONS FOR COMPLETING THE BOROUGH OF WATCHUNG RECREATION ACKNOWLEDGMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM THE ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES.**

CAREFULLY READ THIS DOCUMENT AND THE ATTACHED ACKNOWLEDGEMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM AN ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES AT A BOROUGH OF WATCHUNG RECREATION PROGRAM OR EVENT (“WAIVER”).

THE ATTACHED WAIVER AFFECTS IMPORTANT LEGAL RIGHTS YOU, YOUR CHILD(REN) AND/OR YOUR OTHER FAMILY MEMBER(S) AND/OR DEPENDENT(S) MAY HAVE IN THE EVENT YOU, YOUR CHILD(REN), AND/OR OTHER FAMILY MEMBER(S)/DEPENDENT(S) BECOME EXPOSED TO, INFECTED WITH, OR SUSTAIN BODILY INJURIES AND/OR PROPERTY DAMAGE FROM HIGHLY CONTAGIOUS VIRUS(ES) AND DISEASES.

#### **I. Background and Purpose**

The Borough of Watchung and the Borough of Watchung Recreation Commission (hereinafter jointly and separately referred to in the attached WAIVER as the “Borough of Watchung”) sponsor(s) and offer(s) to the public the option of participating in or attending a variety of indoor and outdoor physical, social and educational programs and activities, including competitive and non-competitive sports and sporting events, organized leagues, day camps, games, and instructional/training programs and camps (collectively referred to hereinafter and in the attached WAIVER as the “RECREATION PROGRAM(S)”). These RECREATION PROGRAM(S) are held on Borough of Watchung property and other public and semi-public places that are accessible to large numbers of people on a daily basis.

Due to the ongoing COVID-19 pandemic, and until further notice, any adult age 18 or older wishing to enroll themselves, their child(ren) or any other dependent(s) family members into or participate in a Borough of Watchung Recreation Program, or seeking to otherwise voluntarily participate in a Borough of Watchung Recreation Program as a coach, counselor, instructor, referee, official, or volunteer, is required to complete, sign and return this WAIVER TO; The Borough of Watchung at 15 Mountain Blvd., Watchung, NJ 07069 by no later than JULY 2021, or the enrollment deadline set for the specific RECREATION PROGRAM in which participation/access is sought.

Enrollment and participation in any Borough of Watchung Recreation Program(s) and permission to access any Borough of Watchung facilities/property and equipment to participate in or use at a RECREATION PROGRAM is expressly conditional on properly completing, signing, and returning this WAIVER in a timely manner.

**Access to and participation in any Borough of Watchung Recreation Program and/or the Borough of Watchung facilities, property and equipment used in a RECREATION PROGRAM may be denied or revoked at any time for failure to properly complete, sign and return this WAIVER.**

II. Acknowledgment of Agreement

**ACKNOWLEDGEMENT AND AGREEMENT FOR ASSUMPTION OF ALL RISKS, AND WAIVING AND  
RELEASING ALL CLAIMS FOR PERSONAL INJURIES AND PROPERTY DAMAGES DUE FROM AN  
ACCIDENTAL EXPOSURE TO SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES AT  
A BOROUGH OF WATCHUNG RECREATION PROGRAM OR EVENT**

I/WE, \_\_\_\_\_ (hereinafter "I/WE), acknowledge and represent that I/WE am/are the parent(s)/legal guardian(s) of:

\_\_\_\_\_  
\_\_\_\_\_  
(hereinafter referred to as the "PROGRAM PARTICIPANT(S)")

By signing this WAIVER, I/WE acknowledge and agree that I/WE have been provided with, read and fully understand: (i) the Center for Disease Control's ("CDC") and the New Jersey Department of Health's ("NJDOH") information and guidelines for preventing/protecting against, and recognizing the signs and symptoms of, infection for SARS-CoV-2 (the virus that causes COVID-19) and the related illnesses and medical conditions called COVID-19 and Multisystem Inflammatory Syndrome in Children ("MIS-C")(collectively the "PANDEMIC ILLNESSES"); and the Borough of Watchung "COVID-19 Operational Plan" for 2021.

I/WE further acknowledge, understand and agree that:

1. The CDC and NJDOH have determined that the PANDEMIC ILLNESSES are highly contagious viruses, diseases and medical conditions.
2. Exposure to or infection from these PANDEMIC ILLNESSES may cause serious permanent bodily injury, including respiratory failure, cardiac arrest, and death in healthy persons of all ages.
3. These PANDEMIC ILLNESSES are new. The standards and recommendations on how to prevent and protect against the risk of exposure to infection and the spread of these PANDEMIC ILLNESSES continues to change as more data becomes available.
4. These PANDEMIC ILLNESSES presently exist and remain prevalent throughout all areas of the State of New Jersey and continue to infect persons and spread throughout all counties and local communities, including the residents of the Borough of Watchung.
5. These PANDEMIC ILLNESSES have a high probability of spreading to person(s) who are either in direct contact with, or in close proximity to (within about 6 feet or 2 meters) an infected person.
6. The CDC and NJDOH believe these PANDEMIC ILLNESSES are most likely to spread from person to person by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth; and from touching/contacting surfaces on which droplets containing the virus exist.
7. There is no known vaccination(s), immunization(s) or cure for these PANDEMIC ILLNESSES.
8. The CDC and the NJDOH maintain that the best way to prevent and protect against infection and/or spread of these PANDEMIC ILLNESSES is to self-quarantine and to avoid contact with other individuals, large gatherings and spending time in public places and buildings.

9. The Borough of Watchung and the Borough of Watchung Recreation Commission sponsor(s) and offer(s) to the public the option of participating in or attending a variety of indoor and outdoor physical, social and educational programs and activities, including competitive and non-competitive sports and sporting events, organized leagues, day camps, games, and instructional/training programs and camps ("RECREATION PROGRAM(S)") which are essential to the social, physical, educational and character development and the mental and physical health of the public.
10. Attending or participating in any Borough of Watchung Recreation Program poses an inherent risk of infection and a heightened risk of injury from and exposure to these PANDEMIC ILLNESSES regardless of the measures taken by the Borough of Watchung: (i) to avoid close contact with other persons, including infected persons; (ii) to disinfect Borough of Watchung facilities, equipment and public property; and (iii) to discover, contact trace, and quarantine infected persons and/or persons exhibiting signs and symptoms of infection of these PANDEMIC ILLNESSES.
11. Attending and/or participating in a Borough of Watchung Recreation Program may also increase the risk of exposure to these PANDEMIC ILLNESSES and the further spreading of these PANDEMIC ILLNESSES to other family members, PROGRAM PARTICIPANTS, and third persons.

By signing this WAIVER, I/WE do further acknowledge the contagious nature of these PANDEMIC ILLNESSES, and that an inherent and heightened risk of danger to infection and exposure to these PANDEMIC ILLNESSES exists for all PROGRAM PARTICIPANTS, persons and other participants attending any Borough of Watchung Recreation Program at this time. I/WE acknowledge and agree to voluntarily assume all risks that I/WE, the PROGRAM PARTICIPANT(S), and our other family member(s) may be exposed to or infected by these PANDEMIC ILLNESSES by attending or participating in any Borough of Watchung Program; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I/WE understand that the risk of becoming exposed to or infected by these PANDEMIC ILLNESSES at a Borough of Watchung Recreation Program may result from the actions, omissions or negligence of myself and others, including, but not limited to the Borough of Watchung's officials, officers, employees, and volunteers; and other participants/attendees of the RECREATION PROGRAM and their families.

I/WE, on behalf of ourselves, the PROGRAM PARTICIPANT(S) and the other dependents of my/our household, I/WE voluntarily agree to assume all of the foregoing risks, and do accept sole and complete responsibility for any and all injuries, damage(s) and other losses to the PROGRAM PARTICIPANT(S), my/our other dependent(s), the other members of my/our family, and/or to myself/ourselves for attending or participating in the Borough of Watchung Recreation Program, including for all bodily injuries, disabilities, permanent disabilities, deaths, illnesses, damages, losses, claims, demands, liabilities, medical treatment and expenses, attorneys fees, costs of suit and/or expenses of any kind that is incurred in connection with attending or participating in any Borough of Watchung Recreation Program.

I/WE, on behalf of myself/ourselves, the PROGRAM PARTICIPANT(S), my/our other household members and/or dependents, HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, WAIVE AND HOLD HARMLESS THE BOROUGH OF WATCHUNG, THE BOROUGH OF WATCHUNG RECREATION COMMISSION, AND EACH OF THE BOROUGH OF WATCHUNG'S OFFICIALS, OFFICERS, EMPLOYEES AGENTS, VOLUNTEERS AND REPRESENTATIVES FOR AND FROM ANY AND ALL CLAIMS, DAMAGES, DEMANDS, LOSSES, LIABILITIES, ACTIONS, COSTS AND EXPENSES OF ANY KIND ARISING OUT OF OR IN ANY WAY RELATING TO THE ACCIDENTAL AND/OR NEGLIGENT EXPOSURE TO THESE PANDEMIC ILLNESSES FROM ATTENDING OR PARTICIPATING IN BOROUGH OF WATCHUNG RECREATION PROGRAM(S).

I/WE UNDERSTAND AND AGREE THAT THIS WAIVER AND RELEASE INCLUDES ANY AND ALL CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE BOROUGH OF WATCHUNG, THE BOROUGH OF WATCHUNG DEPARTMENT OF RECREATION AND THE BOROUGH OF WATCHUNG'S OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS AND REPRESENTATIVES, REGARDLESS OF WHETHER INFECTION FROM THESE PANDEMIC ILLNESSES OCCUR BEFORE DURING OR AFTER PARTICIPATION AND/OR ATTENDANCE IN ANY THE BOROUGH OF WATCHUNG RECREATION PROGRAM(S).

By signing this agreement, I/WE further acknowledge that I/WE have read and discussed with the PROGRAM PARTICIPANT(S) the provisions of this WAIVER and the dangers and risks associated with attending and/or participating in any of the of the BOROUGH OF WATCHUNG'S RECREATION PROGRAM(S); the PROGRAM PARTICIPANT(S) fully understand(s) and appreciate(s) these dangers and risks; and the PROGRAM PARTICIPANT(S) voluntarily wishes to enroll in, participate and otherwise attend the BOROUGH OF WATCHUNG'S RECREATION PROGRAM.

This WAIVER does not supersede, circumvent, or cancel Borough of Watchung Recreation Department's Main Participation Agreement or Rules and Regulations.

If any part of this WAIVER is found by a court of competent jurisdiction to be invalid, the remainder of this WAIVER release from liability shall nevertheless remain in full force and effect and the offending provision or provisions severed here from.

I/WE, have read and accept the terms and conditions of this, and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and my child(ren), and our respective heirs, personal representatives, estates and family members.

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Signature of Parent(s)/Guardians

Date

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Signature of Program Participant(s)

Date